PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

TELL	8		or <u>Fa</u>				
INSTRUCTIONS: This voi appropriate: A TAUTHER cor indicated unless corrected by maintenance fee notification	below or directed otherwise	smitting the ISSUI Patent, advance ord in Block 1, by (a)	E FEE and PU lers and notific specifying a n	BLICATION FEE (if nation of maintenance fee ew correspondence addr	equired). Blocks I through 5 es will be mailed to the curre ess; and/or (b) indicating a se	should be completed where ent correspondence address as eparate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 27975 7590 03/21/2005				Fee(s) Transmittal.	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
ALLEN, DYER,	DOPPELT, MILBR NTER 255 SOUTH OF		. I hereby certify the States Postal Servi	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
06/01/2005 WABDELR3 00000106 10696500				-31	estin Goke	(Depositor's name)	
01 FC:1501 1400.00 GP 02 FC:1504 300.00 GP				Just	lay 26 2005	(Signature)	
					- J	CONFIDMATIONAL	
APPLICATION NO.	FILING DATE	FIRST NAMED INVE			ATTORNEY DOCKET NO.		
10/696,500	10/29/2003 Manuela La Ro				02CT06253412	5745	
FITLE OF INVENTION: V SYSTEM	/IRTUAL SENSOR FOR T	HE EXHAUST EM	IISSIONS OF A	AN ENDOTHERMIC M	OTOR AND CORRESPOND	ING INJECTION CONTROL	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	06/21/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
HOANG, J	OHNNY H	- 3747		701-109000		• • •	
I. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1. LISA K. JORGENSON; 2. ALLEN, DYER, DOPPELT, MILBRAT & GILCHRIST, P.A.					
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT (print or type)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of of this form is NOT	lata will appear a substitute for	on the patent. If an ass filing an assignment.	signee is identified below, the	e document has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
STMICROELEC	TRONICS S.r.l.	•	AGRATE B	RIANZA, ITALY			
Please check the appropriate	assignee category or catego	ries (will not be pri	nted on the pate	ent): 🗖 Individual 🗖	Corporation or other private	group entity Government	
a. The following fee(s) are	enclosed:	4b.	Payment of Fe	e(s):			
Issue Fee			A check in t	the amount of the fee(s) i	s enclosed.		
<u> </u>	mall entity discount permitte			credit card. Form PTO-2			
Advance Order - # of	f Copies		The Director Deposit Account	or is hereby authorized but Number	y charge the required fee(s), (enclose an extra	or credit any overpayment, to a copy of this form).	
_ ~ .	(from status indicated above	•		. : 1 t-:: CI	AALL ENTITY status Con 27	CED 1.27(~)(2)	
• •	MALL ENTITY status. See		• • •	-	MALL ENTITY status. See 37		
NOTE: The Issue Fee and P nterest as shown by the reco	ublication fee (if required) voras of the United States Pate	will not be accepted ent and Trademark	from anyone of	ther than the applicant; a	registered attorney or agent; o	lication identified above. r the assignee or other party in	
Authorized Signature	m.			Date	May 26 2001		

Typed or printed name CHRISTOPHER Registration No. _ This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.